

**ALABAMA  
STATE PLAN  
FOR TOBACCO  
PREVENTION  
AND CONTROL:  
2024-2029**



**ALABAMA  
PUBLIC  
HEALTH**

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# GOALS

## PREVENTION:

To reduce tobacco use and initiation among youth, tobacco prevention efforts will educate state decision-makers on the benefits and impact of increasing tobacco excise tax, educate youth on the dangers of tobacco use through earned and paid mass media campaigns, and encourage more school decision-makers to implement 100 percent comprehensive smoke-free/tobacco-free (SF/TF) policies.

## CESSATION:

To increase cessation and reduce tobacco use among adults, tobacco control efforts will increase smokers' readiness and desire to quit by providing cessation information and resources, and a health care environment supportive of quitting tobacco use.

## PROTECTION:

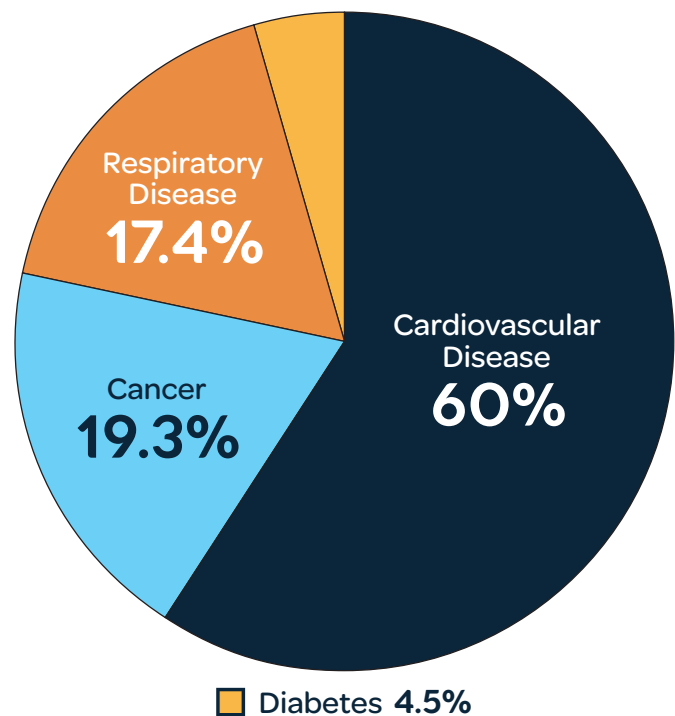
To reduce exposure to secondhand smoke (SHS), tobacco control efforts will conduct training and provide information to insurance carriers, health care providers, decision-makers, and the public on the benefits of SF/TF policies.

## ALABAMA'S TOBACCO BURDEN

According to the 2021 Behavioral Risk Factor Surveillance System (BRFSS), Alabama has the tenth highest percentage of adult smokers in the United States. As of 2021, 17.2 percent of Alabama adults (over 673,000 residents) smoked cigarettes, in addition to 7.1 percent of high school students (an additional 22,000 smokers). Approximately 8,200 adolescents in the state begin smoking every year. An estimated 50 percent of all smokers will eventually die of a smoking related cause. In Alabama, that is 8,600 deaths per year; more than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined (CTFK, [tobaccofreekids.org/problem/toll-us/alabama](http://tobaccofreekids.org/problem/toll-us/alabama)).

During their lifetime, each of these tobacco users' smoking-related health care costs will average \$3,250 per person per year totaling \$2.19 billion per year, a portion of which (\$308.9 million) is covered by the state's Medicaid program. This cost of cigarette smoking

Smoking-Attributable Deaths Among Alabama Adults by Disease Category, 2016



Sources: Updated, The Burden of Tobacco in Alabama, University of Alabama, 2019

to the state of Alabama translates to an annual burden of \$954 per household in state and federal tax dollars spent on efforts to ameliorate the effects of cigarette smoking. This is in addition to \$5.6 billion per year in smoking-caused productivity losses (CTFK, [tobaccofreekids.org/problem/toll-us/alabama](https://tobaccofreekids.org/problem/toll-us/alabama)). These numbers represent economic costs only and do not consider the value of lives lost or the cost of suffering.

Cigarette smoking causes or worsens chronic health conditions such as heart disease, multiple types of cancer, lung and respiratory disease, and contributes to negative reproductive effects. At any given time in Alabama, over 264,000 people are living with smoking attributable illnesses (Dunlap & McCallum, 2019). Not all of these sufferers are tobacco users themselves. There were 950 deaths due to indirect tobacco-related causes (secondhand smoke, smoking-related fires, and prenatal deaths) (Dunlap & McCallum, 2019). The good news is that there are evidence-based methods which, when fully funded and appropriately implemented, have proven successful in preventing and reducing the use of tobacco products and, consequently, the devastation it causes.

## TOBACCO SPENDING

CDC recommends a minimum of \$55.9 million per year for tobacco prevention and control spending in the state of Alabama (CDC, 2014a). In recent years, Alabama's state-provided funding for tobacco prevention and control programs and initiatives has remained just under \$1 million per year. While additional funds from grants awarded to the state by CDC substantially increase total tobacco control spending in the state, the total amount available for such programs still equaled approximately 4.7 percent of CDC recommendations in the most recent year for which data are available (approximately \$2.6 million for fiscal year 2015).

Even as funds and programs to prevent and reduce tobacco use by Alabamians have dwindled, there can be no doubt that the tobacco industry's marketing practices have continued unabated. In the United States, \$9.1 billion per year is spent on tobacco advertising, which translates to a little more than \$1 million every hour (CTFK, 2023). Of this amount, \$202.2 million is spent in Alabama alone. In addition to the money spent on advertising, the tobacco industry spends a further \$31 million on lobbying efforts and campaign donations nationwide (Open Secrets, [opensecrets.org/federal-lobbying/industries/summary?cycle=2021&id=A02](https://opensecrets.org/federal-lobbying/industries/summary?cycle=2021&id=A02)).

While investments this large may seem difficult to combat, recent conservative estimates indicate that for every \$1 spent on comprehensive, state-funded tobacco control programs, at least \$5 is saved in tobacco-related medical expenditures over a relatively short time span of 10 years (Dilley et al., 2012). Another study that calculated the potential future benefits of a sustained state-level tobacco prevention and control program estimated that the return on investment of supporting comprehensive, ongoing programs was in the range of 14-20 times the cost of implementing the program (Chattopadhyay & Pieper, 2012). These benefits were calculated based on savings that would accrue throughout the year following a given year in which funding was sustained. Applying these estimates (reported by both public health officials as well as economists) to the state of Alabama would predict that the state could experience savings between \$279 million and \$1.1 billion annually by allocating sustained financial support to tobacco prevention and control programs at the minimum level recommended by CDC (Dunlap & McCallum, 2014). Thus, saving lives as well as dollars is possible if the activities laid out in this plan by ADPH and its task force partners can, with supporting funds, be carried out over the next 5 years and beyond. The plan both asks and answers the questions of "what, how, who, and why?" with respect to tobacco prevention and control in the state of Alabama.

# THE 2024-2029 PLAN: WHAT, HOW, WHO, AND WHY?

The Alabama State Plan for Tobacco Prevention and Control is designed to align with the CDC's most recent Best Practice recommendations for a comprehensive state program for tobacco prevention and control (CDC, 2014a). As such, the three goals of the plan include:

**Goal 1:** Reduce tobacco use and initiation among youth

**Goal 2:** Increase cessation and reduce tobacco use among adults

**Goal 3:** Reduce exposure to secondhand smoke

Lists of associated objectives, activities, and key partners have also been developed for each goal and are detailed below, in addition to a complementary communication plan, sustainability plan, and a logic model which includes expected outputs and outcomes of the program's activities.

The goals and objectives of the plan also give consideration to the four domains developed by the CDC to provide a framework for state tobacco prevention and control programs which include:

**Domain 1:** Epidemiology and surveillance to inform, prioritize, deliver, and monitor programs and population health

**Domain 2:** Environmental approaches that promote health and support and reinforce healthful behaviors

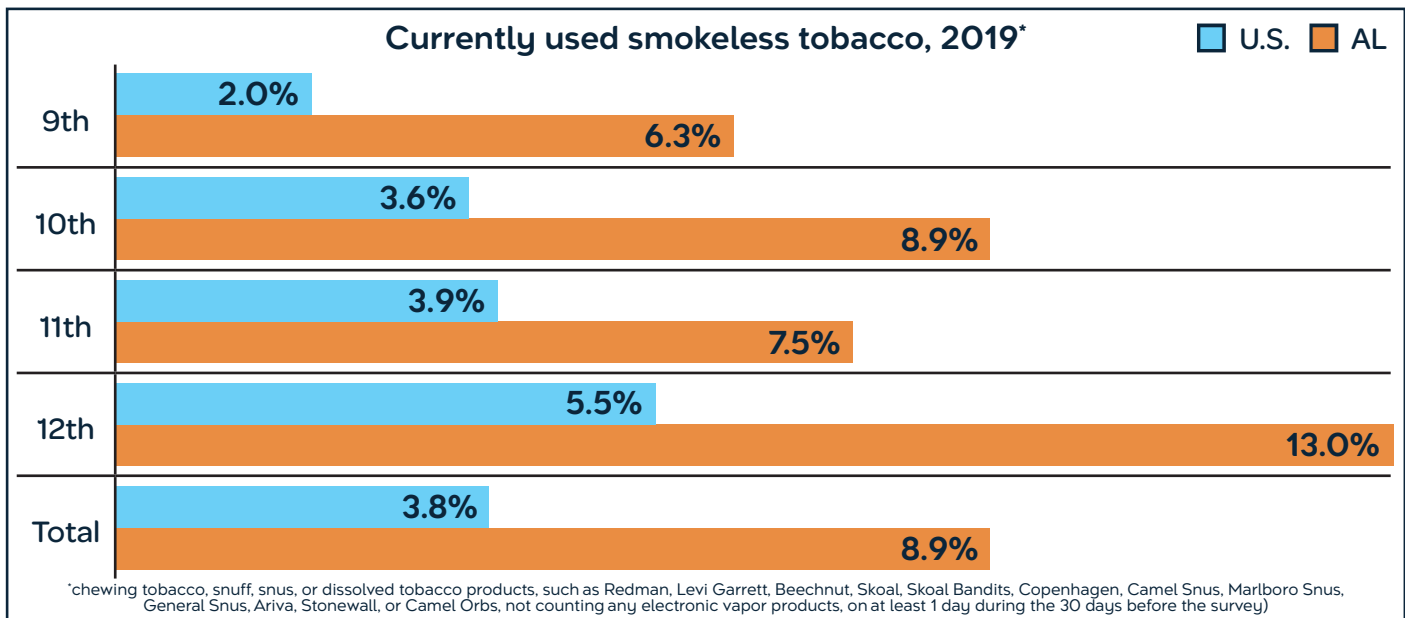
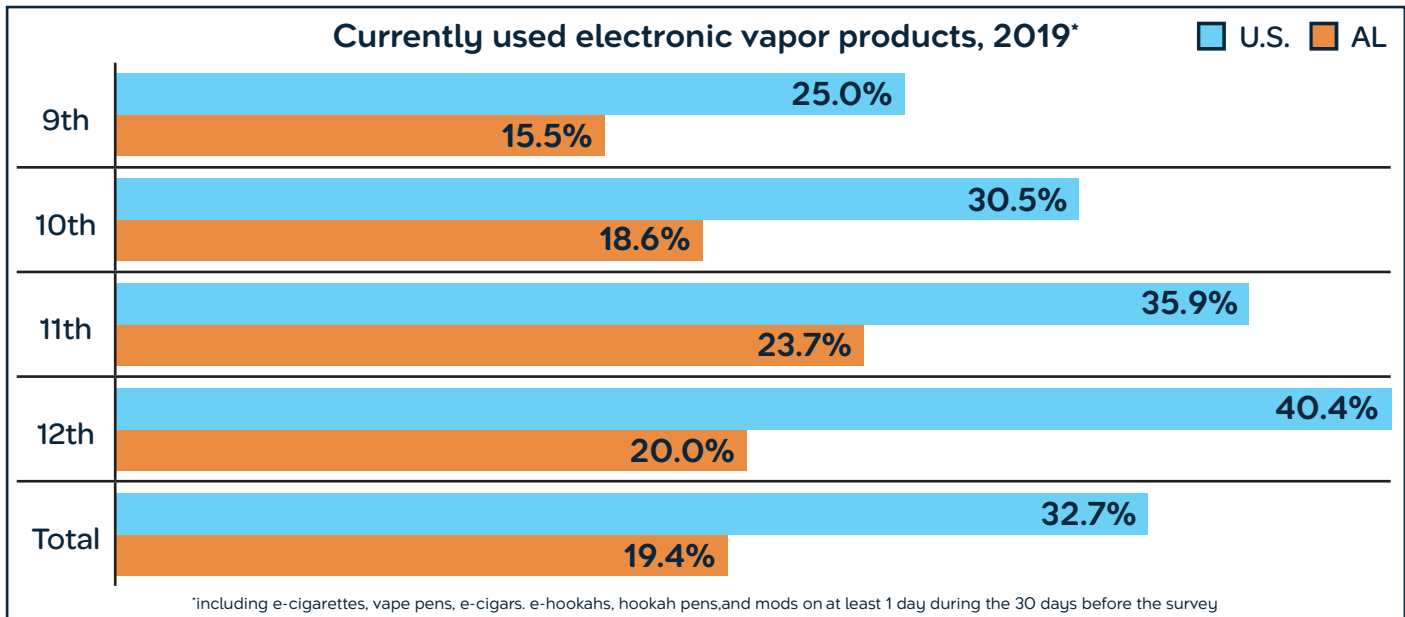
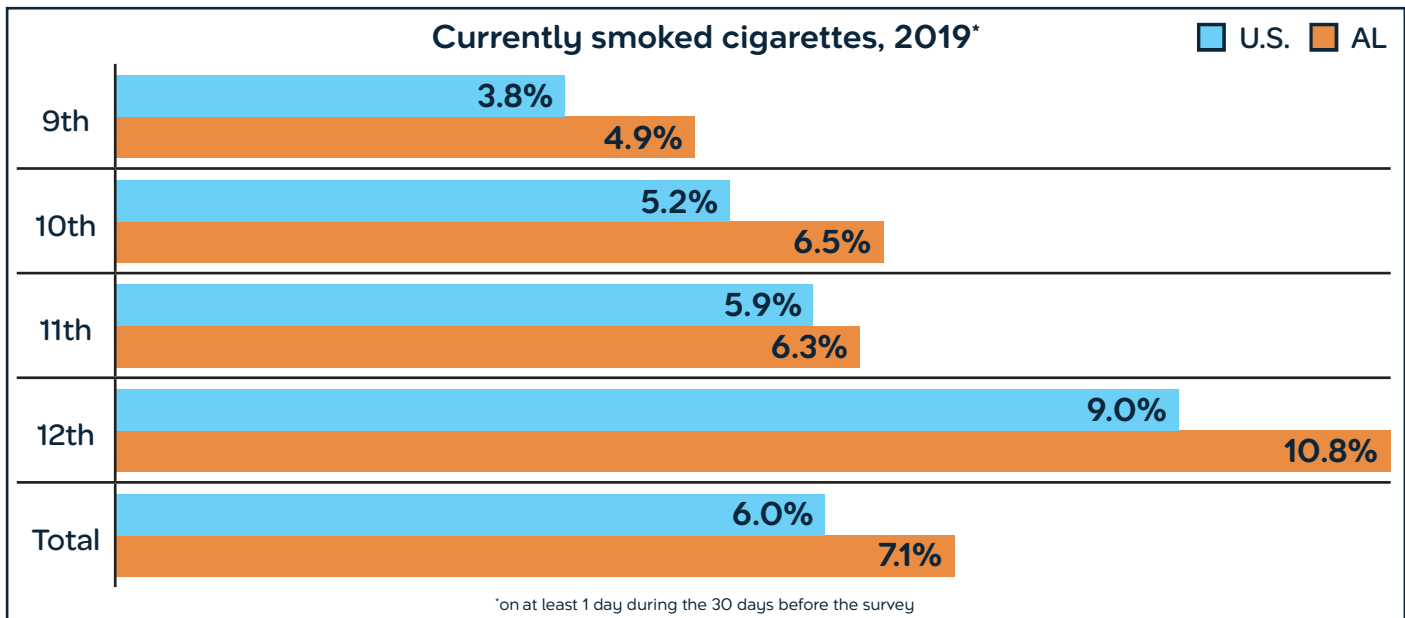
**Domain 3:** Health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect disease early, and reduce or eliminate risk factors or manage conditions

**Domain 4:** Strategies to improve community and clinical linkages ensuring that communities support, and clinics refer, patients to programs that improve management of chronic conditions

The plan is also in alignment with the goals of Alabama's Community Health Improvement Plan's Priority Health Concerns to address mental health and substance abuse by expanding the number of Alabama Municipalities that protect residents from second-hand smoke by prohibiting the use of tobacco products and nicotine delivery systems in workplaces.

The following goals and activities align with both sets of CDC Best Practice recommendations.

<b>Goal 1: Reduce tobacco use and initiation among youth</b>	
<b>Objectives</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce current cigarette or e-cigarette product use among high school students from 21.1% to 20%</li> <li><input type="checkbox"/> Reduce current smokeless tobacco product use among high school students from 8.9% to 7%</li> </ul> <p>Source: Alabama YRBS, 2019</p>
<b>Activities</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Educate state decision-makers on the benefits and impact of increasing cigarette excise tax and youth access to tobacco in the retail setting</li> <li><input type="checkbox"/> Conduct and leverage earned and paid mass media campaigns to educate youth on the dangers of tobacco use</li> <li><input type="checkbox"/> Assess the number of private and independent schools with no comprehensive SF/TF policy</li> <li><input type="checkbox"/> Conduct/provide trainings and presentations and provide information to private and independent school decision-makers on benefits of SF/TF policies</li> </ul>
<b>Key Partners</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> American Lung Association</li> <li><input type="checkbox"/> American Heart Association</li> <li><input type="checkbox"/> American Cancer Society</li> <li><input type="checkbox"/> American Cancer Society Action Network</li> <li><input type="checkbox"/> ADPH Tobacco Prevention and Control Program</li> <li><input type="checkbox"/> Voices for Alabama’s Children</li> </ul>
<b>Supporting Evidence</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Approximately 17% of all deaths per year in Alabama are related to tobacco use. Another 264,000 residents are living with smoking attributable illnesses at a given time (Dunlap &amp; McCallum, 2019).</li> <li><input type="checkbox"/> According to the U.S. Surgeon General (United States Department of Health and Human Services(USDHHS), 2012), 88% of adult smokers began the habit before the age of 18. For this reason, reducing the onset of tobacco use is a primary goal of tobacco control efforts.</li> <li><input type="checkbox"/> To prevent the onset and continuation of youth tobacco use, the CDC (Best Practices, 2014) recommends that each state develop a comprehensive state tobacco control program including: <ul style="list-style-type: none"> <li>• Increase the unit price of tobacco products</li> <li>• Conduct mass-media education campaigns in combination with other community interventions</li> </ul> </li> </ul>



## Goal 2: Increase Cessation and Reduce Tobacco Use Among Adults

<b>Objectives</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increase the proportion of adults who stopped smoking for one day or longer because they were trying to quit smoking (i.e., made a quit attempt) from 63% to 70%</li> <li><input type="checkbox"/> Decrease the smoking prevalence rate for all adults from 17.2% to 15%</li> </ul> <p>Source: Alabama BRFSS, 2021</p>
<b>Activities</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide trainings to businesses that serve priority populations on cessation services available through ADPH</li> <li><input type="checkbox"/> Collaborate with Federally Qualified Health Centers (FQHCs) to increase priority populations utilization of the Quitline</li> <li><input type="checkbox"/> Partner with Medicaid and other insurers to provide trainings to their providers</li> <li><input type="checkbox"/> Participate in training to expand cessation protocol for youth using the Quitline</li> <li><input type="checkbox"/> Provide education on the benefits of comprehensive cessation coverage for all Medicaid enrollees without barriers</li> </ul>
<b>Key Partners</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Information &amp; Quality Healthcare</li> <li><input type="checkbox"/> Blue Cross and Blue Shield of Alabama</li> <li><input type="checkbox"/> ADPH Tobacco Prevention and Control Program</li> <li><input type="checkbox"/> Alabama Medicaid Agency</li> <li><input type="checkbox"/> FQHCs</li> <li><input type="checkbox"/> American Lung Association</li> </ul>
<b>Supporting Evidence</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State tobacco control programs are in the best position to educate health care systems, insurers, and employers on the importance of covering the costs of cessation services to members and employees (Best Practices, 2014). CDC has concluded that such interventions “have the potential to dramatically increase the delivery of evidence-based cessation interventions.”</li> <li><input type="checkbox"/> According to the Guide to Community Preventive Services (CPS) Taskforce, 2015, reducing out-of-pocket costs for evidence-based cessation treatments increases quit rates by 4.3%, with the benefits of these interventions exceeding costs within 10 years.</li> <li><input type="checkbox"/> A comprehensive Medicaid tobacco cessation benefit includes coverage for all seven FDA-approved cessation medications, as well as individual, group and telephone counseling. People respond differently to different interventions; therefore, coverage for a range of counseling types and medications on all plans is essential. Research shows that enrollees are more likely to quit successfully if their Medicaid coverage does not impose any of these barriers to care (McMenamin S.B., Halpin H.A., Bellows N.M. 2006).</li> </ul>



### Goal 3: Reduce Exposure to Secondhand Smoke

<b>Objectives</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increase the number of comprehensive SF city policies from 33 to 40 and strengthen the state law that prohibits smoking in all public places and worksites</li> <li><input type="checkbox"/> Increase from 26 to 30 the number of 100% SF/TF colleges and university policies</li> <li><input type="checkbox"/> Increase by 10% the proportion of multifamily, public housing communities that have 100% SF/TF policies</li> </ul> <p>Sources: ADPH Policy Tracking System; ADPH Program Records</p>
<b>Activities</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assess number of SF/TF multifamily public housing communities</li> <li><input type="checkbox"/> Educate community and state leaders and decision-makers on the benefits of SF/TF public and workplaces, including: private/independent schools, colleges and universities, multi-family public housing communities, restaurants, bars, and gaming establishments.</li> </ul>
<b>Key Partners</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> American Cancer Society</li> <li><input type="checkbox"/> American Heart Association</li> <li><input type="checkbox"/> ADPH Tobacco Prevention and Control Program</li> <li><input type="checkbox"/> American Lung Association</li> <li><input type="checkbox"/> Tobacco Free Alabama coalition members</li> </ul>
<b>Supporting Evidence</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The 2019 Adult Tobacco Survey (ATS) concluded that approximately 950 people die from exposure to SHS and almost 145,000 years of potential life were lost among Alabama adults who died as a result of smoking-attributable illness.</li> <li><input type="checkbox"/> Moreover, annual costs associated with tobacco-related illness amount to nearly \$5.6 billion in medical expenses and lost productivity.</li> <li><input type="checkbox"/> According to the Guide to Community Preventive Services (Community Preventive Services Taskforce, 2015), SF policies reduce self-reported SHS exposure by 50%, reduce the adult tobacco prevalence rate by 2.7%, increase cessation by 3.8%, reduce cigarette consumption by 1.2 cigarettes per day, lower the prevalence of tobacco use by youth, and decrease hospital admissions for cardiovascular events by 5.1% and for asthma by 20.1%.</li> </ul>

# COMMUNICATIONS PLAN

## BACKGROUND

The dissemination and sharing of information on prevention and cessation of tobacco use and protection from SHS exposure is considered essential in changing social norms regarding tobacco. A statewide communication plan was crafted by the ADPH Tobacco Prevention and Control Program to promote tobacco cessation resources in the state and educate decision-makers and the public on the harmful effects of tobacco use and exposure. The plan details how paid media campaigns, earned media and speaking opportunities, social media activities, and internal communication among partners and stakeholders will be used to:

- Increase calls to the Alabama Quitline
- Increase support for SF policies, including e-cigarette products
- Increase knowledge of tobacco retail environments, e-cigarette product retail environments, and the tobacco marketing tactics
- Increase traffic to websites and social media outlets
- Increase participation in local and statewide tobacco coalitions

## KEY MESSAGES

Key messages of the plan are decided and agreed upon to ensure that consistent information reaches the general public, community leaders, and decision-makers regarding tobacco use and exposure. The key messages of the current plan include:

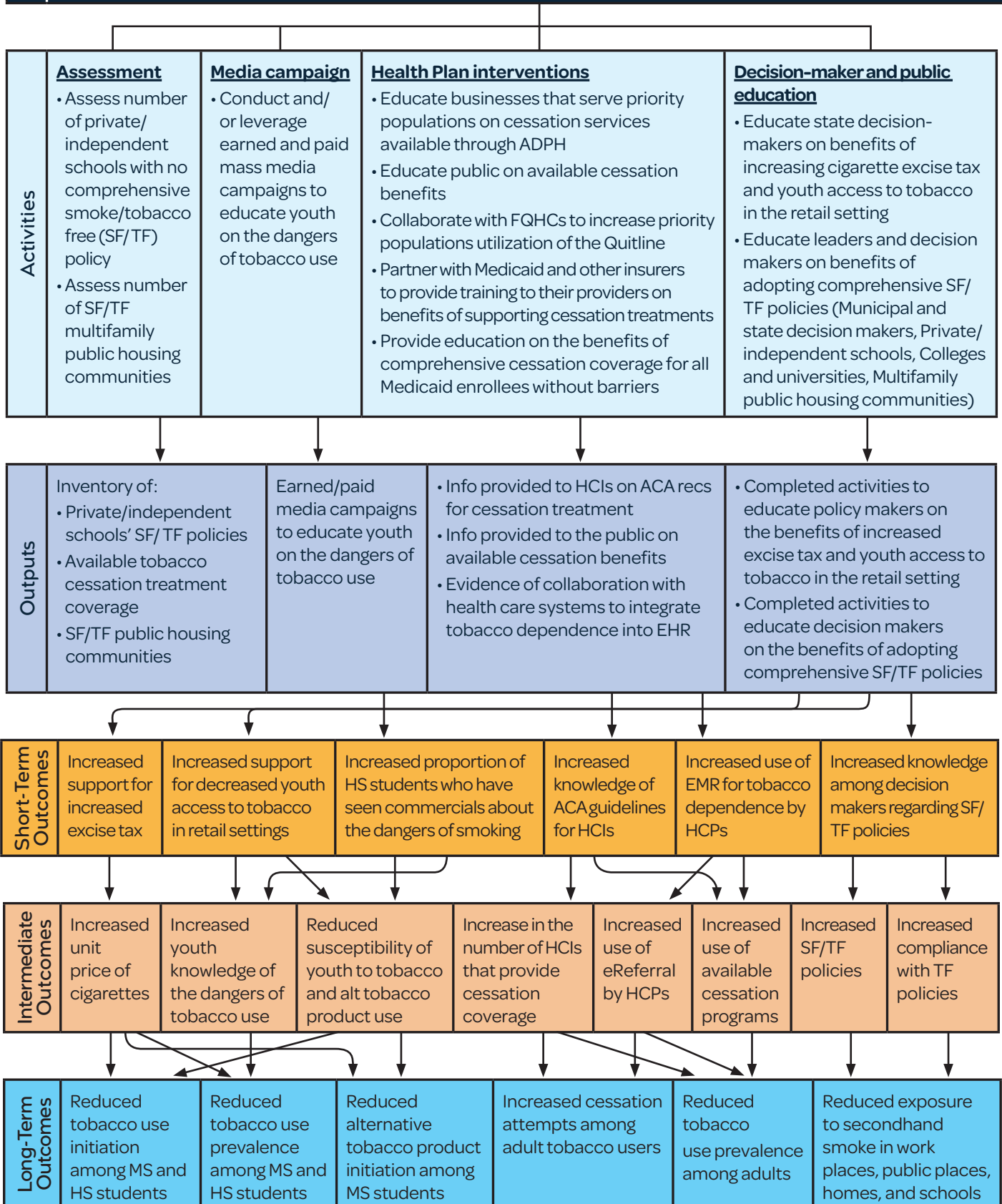
- Everyone has the right to breathe SF air
- No one should be forced to choose between their health and a paycheck
- Every year 8,200 children in Alabama become new daily smokers
- 108,000 children under 18 years of age and living in Alabama will ultimately die prematurely from smoking
- The Quitline (1-800-QUIT NOW) is a free telephone, texting and online coaching service for any Alabamian who is ready to quit tobacco
- Quitting smoking today can result in immediate health and monetary benefits

These key messages will be supported by complementary reports and publications, the State Plan, the Tobacco Prevention and Control Program (TPCP) evaluation plan, and quarterly reports to the Coalition for Tobacco Free Alabama. Other information provided by national and local partners may also be used.

# Alabama 5-Year State Plan for Tobacco Prevention and Control 2024-2029 Logic Model

Inputs

State Health Department and Partners



# SUSTAINABILITY PLAN

Below are the 5-year sustainability objectives established for the eight domains (2024-2029). After a 2-year focus on partnerships and communications, stakeholders will prioritize and engage in action planning for each of the remaining domains, building upon anticipated positive outcomes of partnerships and communications-related efforts occurring in Years 1 and 2.

## Partnerships: Cultivating connections between the program and its stakeholders

**Sustainability Objective:** By March 2029, reestablish and increase membership for the Coalition for a Tobacco Free Alabama (TFA) with partners representing various agencies throughout the state with vested interests in SF/TF policies.

## Communications: Strategic communication with stakeholders and the public about the program

**Sustainability Objective:** By March 2029, stakeholders, in conjunction with TFA Communications Committee, will develop, implement, and evaluate an internal and external coordinated communications plan. Internal communications plan will focus on communications between and among stakeholders and external communications plan will focus on communications to allies and outside interests.

## Environmental Support: Having a supportive internal and external climate for the program

### Sustainability Objectives:

- By March 2029, retain stakeholders' senior leader support as evidenced by position statements and favorable allocation of available resources.
- By March 2029, increase program support by elected officials, decision-makers, and community leaders as evidenced by an increase in the number of municipalities with comprehensive SF ordinances from 33 to 45 and continued efforts toward a state comprehensive SF law.

## Organizational Capacity: Having the internal support and resources needed to effectively manage the program and its activities

**Sustainability Objective:** By March 2029, conduct, compile, and utilize an assessment of tobacco control stakeholders' and allies' capacity in order to identify and resolve gaps. The assessment should measure strength of grassroots organizing, media/communications, lobbying, funding support, research, and dedicated staff.

## Program Evaluation: Assessing the program to inform planning and document results

**Sustainability Objective:** By March 2029, develop and review annually an evaluation tool for the Alabama Comprehensive Tobacco Prevention and Control Plan.

## Program Adaptation: Taking actions that adapt the program to ensure its ongoing effectiveness

**Sustainability Objective:** By March 2029, develop and convene annually a task force to review evaluation results and the tobacco control landscape (political and economic) to make necessary adjustments to annual and 5-year objectives for the Alabama Comprehensive Tobacco Prevention and Control Plan.

## Strategic Planning: Using processes that guide the program's direction, goals, and strategies

**Sustainability Objective:** By March 2029, ensure that stakeholders' strategic plans are complementary with regard to tobacco prevention and control, including emphasis on sustainability, youth utilization rates, and generating follow-on discussions.

## Funding Stability: Establishing a consistent financial base for the program

**Sustainability Objective:** By March 2029, increase the percentage of CDC-recommended total funding level from 3.1% to 10%, ensuring diverse funding sources.

# APPENDICES

## APPENDIX 1: STATE PLAN PARTNERS

Betsy Cagle, Alabama Department of Public Health, Behavioral Health Division Director

Tracie Cole, Alabama Department of Public Health, Tobacco Prevention and Control Branch, Cessation Manager

Christie Cresswell, Information and Quality Healthcare, Quitline Director

Sarah Dunlap, University of Alabama, Evaluator

Tonya Gandy, Alabama Department of Public Health, Comprehensive Cancer Director

Robin Geurs, University of Alabama, Birmingham, Clinical Research Coordinator

Marilyn Lewis, Kindervision, Executive Director

Kelli Littlejohn, Alabama Medicaid, Clinical Services and Support Director

Nicole P. Lovvorn, Alabama Department of Public Health, Tobacco Prevention and Control Branch, Program Director

Ashley Lyerly, American Lung Association, Senior Director of Advocacy

Debra McCallum, University of Alabama, Evaluator

Quanderia Robinson, Pickens County School District

Fayette Royal, Alabama Department of Public Health, Tobacco Prevention and Control Branch, West Central District Coordinator

Jada Schaffer, American Heart Association, Regional Lead/State Government Relations

Susan Short, Covington County Partnership for Children, Executive Director

Heather Vega, Alabama Medicaid, Associate Director

Kimdeldria Washington, Alabama Department of Public Health, Tobacco Prevention and Control Branch, West Central District Youth Coordinator

Tara Wilkinson, Addiction Prevention Coalition, Director of Operations

Kimberly Williams, American Cancer Society, Senior Program Manager

## APPENDIX 2: REFERENCES

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